

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS (DHP)
Healthcare Workforce Data Center Advisory Council
March 23, 2009 - 2:00PM, Perimeter Center, Richmond, VA

Attendees: C. Bailey, R. Bowers-Lanier, S. Bowman, J. Cribbs, Sr. (Chair), P. Dehetre, J. Henry, M. Jurgensen, T. Kestner, W. Lukhard, T. Massa, P. Saxby, S. Ryals, D. Sarrett, K. Studer, T. Wanchek, D. White, K. Wiberly; **Staff:** B. Beck, L. Carter, J. Crowe, S. Steinbach, C. Thompson
Via Conference Call: L. Lacey

Welcome

1. DHP Director Update:

- ◆ Ryals stated that The Healthcare Workforce Data Center (Center) is a priority for DHP as well as for the current administration.
- ◆ She stated "DHP is a good fit for an acting repository for workforce data because of the large amount of information it already collects and stores."
- ◆ Ms. Ryals reviewed HB2405 that now gives DHP the authority to require new licensees to provide information requested during the licensure process such as specialties, credentials, practice location, number of hours worked and demographic information. The workforce data collected can be released in non-aggregate form for verified research purposes; and the language of the nursing workforce Code was made consistent with the HB2405.

2. Healthcare Workforce Center Update

- ◆ Ms. Beck updated the Council on recent progresses of the Healthcare Workforce Data Center. Since additional staff members have not been hired, the Center has saved a considerable amount of money.
- ◆ There is a plan to set up a data storage unit where workforce data will be stored for up to 10 years.
- ◆ In the fall of 2009 DHP is instituting online application for licensure that will include workforce survey questions.
- ◆ A new software update for the computer licensure system will enable the compilation of profile, survey and enforcement data under one software system.

3. Committee Reports

◆ **Physicians Advisory Committee**

- a. Physician workforce surveys are currently being examined to determine appropriate questions for future surveys.
- b. Mr. Bowman spoke on the goals of the committee :
 - 1) providing good supply data and good survey questions for future data collection and incorporating the workforce survey data into the Physician Profile
 - 2) establishing a method of collecting information on new licensees by incorporating survey questions with the initial licensure process; and
 - 3) defining demand for the group with the obligation of developing a simple demand model for the physician workforce by July 1, 2009, while considering the long-term capabilities of DHP to forecast demand for this workforce.

♦ **Nursing Advisory Committee**

- a. Nursing workforce surveys are currently being examined to determine appropriate questions for future surveys. A minimum dataset will be incorporated into the subject matter of the questions once agreed upon.
- b. Dr. Saxby spoke on the activities of the committee as well as their current data collection capabilities:
 - 1) The Board of Nursing (BON) has a good supply of workforce data from 2001 forward and consistent nursing education data since the BON regulates nursing schools;
 - 2) The current capabilities for nursing data are tracking program capacity and graduates;
 - 3) Ms. Lacey has completed her analysis of the nursing education data. Dr. Saxby has taken the preliminary report to the education committee of the BON. The committee will provide feedback at their next meeting in June, which will be applied to the next education survey distributed. The timeline for survey distribution has been changed to October to coincide with other data collection efforts required of the schools.
 - 4) Ms. Lacey is working on recommendations for the online licensure renewal survey.

♦ **Healthcare Workforce Data Advisory Committee**

- a. The Data Advisory Committee is building a matrix of healthcare workforce data currently being collected and identifying the gaps in information. This matrix will be shared with the Advisory Council upon completion.
- b. Mr. Kestner represented the Data Committee and spoke to their current work of educating one another on the information held by each participating agency and subsequent discussions on the validity of each of the datasets collected.
- c. He introduced the newest member of the committee, Ms. Wanchek, of the Weldon Cooper Center in Charlottesville, VA.

- ♦ Ms. Beck added that the physician and nursing information had been selected as the initial groups for workforce data collection because of the existing information readily available. The involvement and oversight by each profession's individual Board in any data collection was acknowledged to the Council.
- ♦ Mr. Cribbs emphasized the importance of establishing the short-term goals for the Center (regarding identifying what information exists and the utility of that information) and planning for long-term activities (addressing demand projections). He suggested that the working committees establish "rules of engagement" that would provide a model for their interactions and planning stages for future groups to work from.

4. Consultant Update

Ms. Lacey has completed the analysis of the nursing education pipeline. In addition to the information reported by the Nursing Workforce Committee, she is currently working on the analysis of the nursing and physician workforce surveys. Questions from each committee regarding surveys are being addressed so that recommendations can be made in the near future for modifications that would be helpful for future surveys.

5. Presentation: "The Physician Pipeline"

Mr. Bowman shared a presentation given to the JCHC in October 2008 which highlighted state critical shortages, mal-distribution of physicians, and current demographics and supply projections. An issue raised was the consistent enrollment of medical students not matched with consistent retention: approximately ¼ of current Virginia physicians were trained in the state (in line with the national average) and approximately 36% of Virginia-trained physicians stay in the state to practice (above the national average). Another issue was the unfilled generalist slots in residencies, which raised questions about resident retention and graduate medical education funding. IMGs, foreign medical school graduates, were presented as an alternative to retained residents, and Mr. Bowman noted that the Commonwealth ranks 13th in the nation for use of IMGs. Future research plans include an attempt to track the movement of residents post-graduation, develop supply and demand projections by region, capture healthcare professional trends and identify strategies that will meet the healthcare needs of the Commonwealth. The pipelines and shortages of dentists and clinical psychologists were also discussed.

Mr. Bowman also presented a colleague's research on psychiatrist shortages and the implications for outpatient treatment availability for both adults and children. He pointed out a major mal-distribution of professionals with resulting effects of longer wait times for service, and decreased overall availability in rural areas.

6. Council Discussion:

- Mr. Massa suggested that the Advisory Council include a future focus on long term approaches to education affordability. This is due to the growing educational debt of families nationally, where prior educational debt is not taken into consideration when calculating expected family contributions for the education of children.
- Ms. Bowers-Lanier suggested that Licensed Professional Counselors be considered when studying shortages for clinical psychologists.
- Mr. Bowman acknowledged the interconnected nature of health professions in addition to limiting our focus to reasonable parameters contingent on resources available to conduct the necessary research.
- Dr. Wibberly noted that the state rural health plan will be looking for funding to assess mid-level providers in situations such as this.
- Mr. Sarrett questioned the Boards' roles in data collection as related to "turf conflicts" and overlapping of areas within the workforce.
- Ms. Ryals acknowledged the recognized scope of practice issues for each Board but emphasized the overarching support for the Center and the additional acceptance and cooperation that will come with consistent education and information provided to the Boards to maintain their support.
- Mr. Bailey noted that current discussions around the need for a demand model support the movement toward increased accountability in operations and away from emphasis on traditional structure and turf boundaries.
- Ms. Ryals acknowledged the shift and spoke to the importance relayed by policymakers of good data to make sound policy decisions.
- Mr. Sarrett also requested that in the future focus should be made on tracking the time spent by health professionals in disease prevention and education services.

- 4) defining demand for the group with the obligation of developing a simple demand model for the physician workforce by July 1, 2009, while considering the long-term capabilities of DHP to forecast demand for this workforce.

7. Stimulus Funds:

- o Ms. Ryals focused on current funding initiatives. She stated that over 9,000 items have been submitted to the Governor for review for stimulus funding; some funding available is discretionary, some will take the form of competitive grants, and others will be directly distributed to service providers for direct client service.
- o Mr. Massa commented that millions in funding are available to conduct longitudinal data system projects: the focus is education but workforce issues will need to be studied as well to tie-in economic implications after K-12 and post-secondary education.
- o Mr. Cribbs noted that some stimulus funds will be redirected to nontraditional decision makers, and encouraged the group to consider the implications and possibilities of philanthropy in modern decision-making around healthcare workforce issues.
- o Dr. Wibberly raised an additional issue of budget cuts for healthcare incentive programs, which has caused difficulties in locating federal fund matches for grants. She recommended a future focus of cost-benefit analysis on current incentive programs, in an attempt to identify a point in the professional pipeline where intervention can achieve the greatest positive impact.
- o Ms. Henry asked whether there were existing models that studied professionals in rural health from an interdisciplinary education stance. Ms. Bowers-Lanier noted HRSA's Primary Care model, but acknowledged its age and the possibility for being outdated.
- o Mr. Cribbs recommended looking at models currently used in Missouri, Colorado and California, as well as considering current cooperative efforts between public and private sectors.

8. Public Comment

Ms. Yarney, Special Assistant to Senior Advisor LeBlanc, provided an update on the Governor's discretionary funds: Secretary Tavenner submitted a proposal for WIA discretionary funds for workforce issues to the Governor's Cabinet with a deadline of April 21, 2009 for decisions on access to the discretionary funds. Additionally, Aryana Khalid will be leaving her service with Secretary Tavenner to serve as Senator Warner's liaison on Health issues.

9. Future Meeting Date

Mr. Cribbs noted that meetings seemed to run well on a quarterly frequency, or at the most every other month. The announcement was made that all meetings are public and open to visitors. Next Meeting: TBD

Adjournment